Appendix B. Post-training Questionnaires

$Medical\ Team\ Training\ Survey\ (MEDTEAMS^{TM})$

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Date_	Tim	ne							
Physic	cian Nurse	Corpsman	_ Other (please speci	ify)					
A. Ple	ase rate question	ns 1- 9 using the follo	owing 5-point scale.						
Strongly Disagree		Disagree	Neutral	Agree	Strongly Agree				
	1	2	3	4	5				
	1. The training	ng was well-organized.							
	2. The training	ng content (case studies,	videos, demonstrations	s, etc.) was appropria	te for my department.				
	3. Training prepared me to work effectively in my job.								
	4. Training was an effective use of my time.								
	5. Training will help my department improve patient safety.								
	6. I am confident that I can perform the tasks that were trained.								
	7. I am confident that I understood the training content.								
	8. I am confident that I can use the knowledge that I learned on the job.								
	9. As a result of this training, I feel more confident about my ability to work effectively in a team.								
B. In	the space provid	ed, please provide yo	our comments for qu	iestions 10 - 12.					
10.	Did this training meet your expectations? Why or why not?								
11.	If you were to re-design this training: What would you add? What would you remove? What would sta the same? Why?								
12.	Would you recommend this training to others at work? Why or why not?								

Medical Team Training Survey (MTM)

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Physician Nurse	Other (please specif	fy)						
What is your medical spec	cialty?	At what base are you stationed?						
If we have additional ques	stions at a later time, ma	y we contact you? YE	S NO					
Name								
E-mail address:		Phone number:						
A. Please rate question	ns 1- 9 using the follo	owing 5-point scale.						
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree				
1	2	3	4	5				
1. The training	ng was well-organized.							
2. The training	2. The training content (case studies, videos, demonstrations, etc.) was appropriate for my department.							
3. Training p	3. Training prepared me to work effectively in my job.							
4. Training w	vas an effective use of m	ny time.						
	6. I am confident that I can perform the tasks that were trained.							
7. I am confi	7. I am confident that I understood the training content.							
8. I am confi	8. I am confident that I can use the knowledge that I learned on the job.							
9. As a result	9. As a result of this training, I feel more confident about my ability to work effectively in a team.							
B. In the space provid	ed, please provide yo	our comments for qu	estions 10 - 12.					
10. Did this training	Did this training meet your expectations? Why or why not?							
	If you were to re-design this training: What would you add? What would you remove? What would stay							
the same? Why	y ?							

Would you recommend this training to others at work? Why or why not?

12.

Medical Team Training Survey (DOM)

The purpose of this survey is to improve the effectiveness of DoD-sponsored medical team training (MTT) programs. The survey should take approximately 10 minutes of your time. Your name is not required. We appreciate your feedback!

Physician 1	Nurse Other (please s	specify)						
What is your med	dical specialty?							
If we have addition	onal questions at a later time	e, may we contact you	? YES NO					
Name		_						
E-mail address:_		Phone number:						
A. Please rate q	uestions 1-9 using the follo	owing 5-point scale.						
Strongly Disag	ree Disagree	Neutral	Agree	Strongly Agree				
1	2	3	4	5				
1. The	e training was well-organized.							
2. The	e training content (case studies,	, videos, demonstrations.	, etc.) was appropriate	for my department.				
3. Tra	3. Training prepared me to work effectively in my job.							
4. Tra	4. Training was an effective use of my time.							
5. Tra	5. Training will help my department improve patient safety.							
6. I ar	6. I am confident that I can perform the tasks that were trained.							
7. I ar	7. I am confident that I understood the training content.							
8. I ar	8. I am confident that I can use the knowledge that I learned on the job.							
9. As	9. As a result of this training, I feel more confident about my ability to work effectively in a team.							
B. In the space p	provided, please provide ye	our comments for qu	estions 10 - 12.					
10. Did this	Did this training meet your expectations? Why or why not?							
· ·	If you were to re-design this training: What would you add? What would you remove? What would stay the same? Why?							

Would you recommend this training to others at work? Why or why not?

12.